



City of Long Beach
Planning & Building Department
333 W. Ocean Blvd., 4th Floor
Long Beach, CA 90802
(562) 570-6651 Fax: (562) 570-6753

Building Permit Application

APP-010 ver. 02.10.03

PLEASE PRINT CLEARLY					Project No.		Approved for PC Only		
1. PROJECT ADDRESS (NOT MAILING ADDRESS)				SUITE/UNIT NO.		DATE / /			
2. APPLICANT LAST NAME-FIRST NAME						PLEASE CHECK <input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE / TENANT <input type="checkbox"/> AGENT FOR <input type="checkbox"/> DESIGNER <input type="checkbox"/> CONTRACTOR			
3. APPLICANT MAILING ADDRESS				E-MAIL ADDRESS					
4. CITY-STATE		ZIP		PHONE		FAX			
5. CONTRACTOR LAST NAME-FIRST NAME					STATE LICENSE NO. & TYPE				
6. CONTRACTOR MAILING ADDRESS				E-MAIL ADDRESS					
7. CITY-STATE		ZIP		PHONE		FAX			
8. CONTACT PERSON LAST NAME-FIRST NAME									
9. CONTACT PERSON MAILING ADDRESS				E-MAIL ADDRESS					
10. CITY-STATE		ZIP		PHONE		FAX			
11. DESCRIPTION OF WORK									
12. OCCUPANCY GROUP		TYPE OF CONSTRUCTION		CBC EDITION USED		NO. OF STORIES		CHANGE OF OCCUPANCY FROM: TO:	
13. TOTAL SQUARE FEET OF THIS PROJECT									
COMM.		RES.		GAR.		MISC.			
14. VALUATION OF WORK COVERED BY THIS APPLICATION \$		NO. OF DWELLING UNITS		PRESENT USE		PROPOSED USE			
15. FIRE SPRINKLERS <input type="checkbox"/> YES <input type="checkbox"/> NO		16. FIRE ALARM SYSTEMS <input type="checkbox"/> YES <input type="checkbox"/> NO		17. FIRE STANDPIPES <input type="checkbox"/> YES <input type="checkbox"/> NO					
18. I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.									
SIGNATURE:						DATE:			
FOR DEPARTMENT USE ONLY						ISSUED BY (INITIALS)			
ZONE	SPECIAL SETBACK	SETBACKS F	S	R	CF TO PL	HISTORIC STAMP REQ'D	PLANNING PC FEES REQ'D	ZONING APPRV'D	PLANNING STAMP REQ'D
NOTIFY THE CASHIER WITH ONE OF THE FOLLOWING:									
<input type="checkbox"/> Contractor with Workers' Compensation					<input type="checkbox"/> Contractor without Workers' Compensation				
<input type="checkbox"/> Developer with Workers' Compensation					<input type="checkbox"/> Developer without Workers' Compensation				
<input type="checkbox"/> Owner with Workers' Compensation					<input type="checkbox"/> Owner without Workers' Compensation				
Workers' Compensation Company Name				Expiration Date / /		Policy No.			
This information is available in alternative format by request to the Development Services Center at (562) 570-6651 or (562) 570-6793 TDD. Visit our website at www.longbeach.gov/plan									